

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591942

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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7						
8						
9						
10						
11	1					
12		1				
13		1				
14	1	1				
15	1	1				
16	1	1				
17	1	1				
18	1	1				
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50						
TOTAL IND.	1		1		1	
TOTAL DEP.	10		10		10	
TOTAL CLAIMS	11		11		11	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS	11		11		11	